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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/429,386 11/27/2002 *ac*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*ac*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	<i>Antonia Chydz</i> Examiner's Signature	<i>ac</i> Initials	

ADDRESS

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TITLE

Simulated, interactive training lab for radiologic procedures

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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